

Fill in this information to identify the case:

Debtor name Neighborhood Radiology Services, P.C.

United States Bankruptcy Court for the: Eastern District of New York

Case number (if known): 1-22-41394 (State)

☐ Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets1. **Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)1a. **Real property:**Copy line 88 from *Schedule A/B*\$ 0.001b. **Total personal property:**Copy line 91A from *Schedule A/B*\$ 1,665,719.151c. **Total of all property:**Copy line 92 from *Schedule A/B*\$ 1,665,719.15**Part 2: Summary of Liabilities**2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*\$ 8,724,850.723. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)3a. **Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 6a of *Schedule E/F*\$ 244,000.003b. **Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 6b of *Schedule E/F*+\$ 1,968,083.71

4. **Total liabilities**

Lines 2 + 3a + 3b

\$ 10,936,934.43

Fill in this information to identify the case:Debtor name Neighborhood Radiology Services, P.C.United States Bankruptcy Court for the: Eastern District of New YorkCase number (if known): 1-22-41394☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets — Real and Personal Property**

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Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
- ☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****2. Cash on hand**\$ 0.00**3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. Wells Fargo Bank	Checking	<u>2</u> <u>7</u> <u>6</u> <u>9</u>	\$ <u>4,244.27</u>
3.2. See continuation sheet		<u> </u> <u> </u> <u> </u> <u> </u>	\$ <u>1,308.50</u>

4. Other cash equivalents (Identify all)

4.1. _____ \$ _____

4.2. _____ \$ _____

5. Total of Part 1\$ 5,552.77

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

Part 2: Deposits and prepayments**6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
- ☐ Yes. Fill in the information below.

Current value of debtor's interest**7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit	
7.1. _____	\$ _____
7.2. _____	\$ _____

Debtor Neighborhood Radiology Services, P.C.
NameCase number (if known) 1-22-41394**8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

8.1. _____ \$ _____

8.2. _____ \$ _____

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$ _____

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**☐ No. Go to Part 4.☒ Yes. Fill in the information below.**Current value of debtor's interest****11. Accounts receivable**11a. 90 days old or less: 1,796,358.26 - 782,310.00 = → \$ 1,014,048.26
face amount doubtful or uncollectible accounts11b. Over 90 days old: 2,307,568.12 - 1,661,450.00 = → \$ 646,118.12
face amount doubtful or uncollectible accounts**12. Total of Part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ 1,660,166.38**Part 4: Investments****13. Does the debtor own any investments?**☒ No. Go to Part 5.☐ Yes. Fill in the information below.**Valuation method
used for current value****Current value of debtor's
interest****14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1. _____ \$ _____

14.2. _____ \$ _____

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity:

% of ownership:

15.1. _____ % _____ \$ _____

15.2. _____ % _____ \$ _____

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

16.1. _____ \$ _____

16.2. _____ \$ _____

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$ _____

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Part 5: Inventory, excluding agriculture assets**18. Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.
- ☒ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
20. Work in progress				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
21. Finished goods, including goods held for resale				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
22. Other inventory or supplies				
Miscellaneous Medical Supplies	_____	\$ _____	_____	Unknown \$ _____
23. Total of Part 5				\$ 0.00
Add lines 19 through 22. Copy the total to line 84.				

24. Is any of the property listed in Part 5 perishable?

- ☒ No
- ☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☒ No
- ☐ Yes. Book value _____ Valuation method _____ Current value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
- ☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested			
_____	\$ _____	_____	\$ _____
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish			
_____	\$ _____	_____	\$ _____
30. Farm machinery and equipment (Other than titled motor vehicles)			
_____	\$ _____	_____	\$ _____
31. Farm and fishing supplies, chemicals, and feed			
_____	\$ _____	_____	\$ _____
32. Other farming and fishing-related property not already listed in Part 6			
_____	\$ _____	_____	\$ _____

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33. Total of Part 6.

Add lines 28 through 32. Copy the total to line 85.

\$ _____

34. Is the debtor a member of an agricultural cooperative?

- ☐ No
- ☐ Yes. Is any of the debtor's property stored at the cooperative?
- ☐ No
- ☐ Yes

35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?

- ☐ No
- ☐ Yes. Book value \$ _____ Valuation method _____ Current value \$ _____

36. Is a depreciation schedule available for any of the property listed in Part 6?

- ☐ No
- ☐ Yes

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

- ☐ No
- ☐ Yes

Part 7: Office furniture, fixtures, and equipment; and collectibles**38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.
- ☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture (15) Desks; (1) Long Desk; (37) Chairs; (3) Cabinets: and (1) Refrigerator	\$ _____	_____	\$ Unknown _____
40. Office fixtures	\$ _____	_____	\$ _____
41. Office equipment, including all computer equipment and communication systems equipment and software	\$ _____	_____	\$ _____
42. Collectibles <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1 _____	\$ _____	_____	\$ _____
42.2 _____	\$ _____	_____	\$ _____
42.3 _____	\$ _____	_____	\$ _____

43. Total of Part 7.

Add lines 39 through 42. Copy the total to line 86.

\$ 0.00

44. Is a depreciation schedule available for any of the property listed in Part 7?

- ☒ No
- ☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

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Part 8: Machinery, equipment, and vehicles**46. Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☐ No. Go to Part 9.
- ☒ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1 _____	\$ _____	_____	\$ _____
47.2 _____	\$ _____	_____	\$ _____
47.3 _____	\$ _____	_____	\$ _____
47.4 _____	\$ _____	_____	\$ _____
48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
48.1 _____	\$ _____	_____	\$ _____
48.2 _____	\$ _____	_____	\$ _____
49. Aircraft and accessories			
49.1 _____	\$ _____	_____	\$ _____
49.2 _____	\$ _____	_____	\$ _____
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment) See Attached for List			
	\$ _____	_____	\$ Unknown
51. Total of Part 8. Add lines 47 through 50. Copy the total to line 87.			\$ 0.00

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☒ No
- ☐ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

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Part 9: Real property**54. Does the debtor own or lease any real property?**

- ☒ No. Go to Part 10.
- ☐ Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1		\$ _____	_____	\$ _____
55.2		\$ _____	_____	\$ _____
55.3		\$ _____	_____	\$ _____
56. Total of Part 9. Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.				\$ _____
57. Is a depreciation schedule available for any of the property listed in Part 9?				
<input type="checkbox"/> No				
<input type="checkbox"/> Yes				
58. Has any of the property listed in Part 9 been appraised by a professional within the last year?				
<input type="checkbox"/> No				
<input type="checkbox"/> Yes				

Part 10: Intangibles and intellectual property**59. Does the debtor have any interests in intangibles or intellectual property?**

- ☐ No. Go to Part 11.
- ☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
_____	\$ _____	_____	\$ _____
61. Internet domain names and websites			
https://www.neighborhoodrad.com/	\$ _____	_____	Unknown
62. Licenses, franchises, and royalties			
_____	\$ _____	_____	\$ _____
63. Customer lists, mailing lists, or other compilations			
_____	\$ _____	_____	\$ _____
64. Other intangibles, or intellectual property			
_____	\$ _____	_____	\$ _____
65. Goodwill			
_____	\$ _____	_____	\$ _____
66. Total of Part 10. Add lines 60 through 65. Copy the total to line 89.			\$ 0.00

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67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☒ No
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.
☐ Yes. Fill in the information below.

**Current value of
debtor's interest**

71. Notes receivable

Description (include name of obligor)

_____ — _____ = ➔ \$ _____
Total face amount doubtful or uncollectible amount

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

_____	Tax year _____	\$ _____
_____	Tax year _____	\$ _____
_____	Tax year _____	\$ _____

73. Interests in insurance policies or annuities

_____ \$ _____

74. Causes of action against third parties (whether or not a lawsuit has been filed)

_____ \$ _____

Nature of claim _____

Amount requested \$ _____

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

_____ \$ _____

Nature of claim _____

Amount requested \$ _____

76. Trusts, equitable or future interests in property

_____ \$ _____

77. Other property of any kind not already listed *Examples: Season tickets, country club membership*

_____ \$ _____

_____ \$ _____

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$ _____

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☐ No
☐ Yes

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Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	\$ 5,552.77	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$ 0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$ 1,660,166.38	
83. Investments. <i>Copy line 17, Part 4.</i>	\$ 0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$ 0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$ 0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$ 0.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$ 0.00	
88. Real property. <i>Copy line 56, Part 9.</i>	→	\$ 0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$ 0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$ 0.00	
91. Total. Add lines 80 through 90 for each column. 91a.	\$ 1,665,719.15	+ 91b. \$ 0.00
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92. 1,665,719.15		\$ 1,665,719.15

Debtor 1 Neighborhood Radiology Services, P.C.

First Name Middle Name Last Name

1-22-41394
Case number (if known)_____

Continuation Sheet for Official Form 206 A/B

3) Checking, savings, money market, or financial brokerage accounts

M&T Bank	Checking	6384
---------------------	-----------------	-------------

Balance: 1,182.93

Wells Fargo Bank	Checking	4188
-------------------------	-----------------	-------------

Balance: 125.57

Fill in this information to identify the case:Debtor name Neighborhood Radiology Services, P.C.United States Bankruptcy Court for the: Eastern District of New YorkCase number (if known): 1-22-41394☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A
Amount of claim
Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

2.1 **Creditor's name**
American Equity Bank

Creditor's mailing address
5900 Green Oak Drive
Suite 100, Minnetonka, MN 55543

Creditor's email address, if known

Date debt was incurred 12/06/2020

Last 4 digits of account number _____

Do multiple creditors have an interest in the same property?
☒ No
☐ Yes. Specify each creditor, including this creditor,

Describe debtor's property that is subject to a lienAll Assets\$ 6,750,000.00\$ 0.00**Describe the lien**Agreement you made**Is the creditor an insider or related party?**

- ☒ No
☐ Yes

Is anyone else liable on this claim?

- ☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☐ Disputed

2.2 **Creditor's name**
Northpoint Capital Partners, LLC

Creditor's mailing address
6465 Wayzata Blvd.
Suite 760, Minneapolis, MN 55426

Creditor's email address, if known

Date debt was incurred _____

Last 4 digits of account number _____

Do multiple creditors have an interest in the same property?
☒ No
☐ Yes. Have you already specified the relative priority?
☐ No. Specify each creditor, including this creditor, and its relative priority.

☐ Yes. The relative priority of creditors is specified on lines _____

Describe debtor's property that is subject to a lienAll Assets\$ Undetermined\$ Undetermined**Describe the lien****Is the creditor an insider or related party?**

- ☒ No
☐ Yes

Is anyone else liable on this claim?

- ☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.\$ 8,724,850.72

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Neighborhood Radiology Services, P.C.

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Part 1: Additional Page

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.3 **Creditor's name**
Northpoint Commercial Credit, LLC**Describe debtor's property that is subject to a lien**

All Assets

\$1,610,030.72

\$Unknown

Creditor's mailing address6465 Wayzata Blvd.
Suite 760, Minneapolis, MN 55426**Creditor's email address, if known****Date debt was incurred****Last 4 digits of account number**

7750

Describe the lien

UCC

Is the creditor an insider or related party?

- ☒
- No
-
- ☐
- Yes

Is anyone else liable on this claim?

- ☒
- No
-
- ☐
- Yes. Fill out
- Schedule H: Codebtors*
- (Official Form 206H).

Do multiple creditors have an interest in the same property?

- ☒
- No
-
- ☐
- Yes. Have you already specified the relative priority?
-
- ☐
- No. Specify each creditor, including this creditor, and its relative priority.

As of the petition filing date, the claim is:

Check all that apply.

- ☐
- Contingent
-
- ☒
- Unliquidated
-
- ☐
- Disputed

- ☐
- Yes. The relative priority of creditors is specified on lines _____

2.4 **Creditor's name**
Signature Financial LLC**Describe debtor's property that is subject to a lien**

2012 Hologic Selenia Dimensions 3D Mammography System

\$111,803.00

\$Undetermined

Creditor's mailing address225 Broadhollow Road
Suite 132W, Melville, NY 11747**Creditor's email address, if known****Date debt was incurred****Last 4 digits of account number****Describe the lien****Is the creditor an insider or related party?**

- ☒
- No
-
- ☐
- Yes

Is anyone else liable on this claim?

- ☐
- No
-
- ☒
- Yes. Fill out
- Schedule H: Codebtors*
- (Official Form 206H).

Do multiple creditors have an interest in the same property?

- ☒
- No
-
- ☐
- Yes. Have you already specified the relative priority?
-
- ☐
- No. Specify each creditor, including this creditor, and its relative priority.

As of the petition filing date, the claim is:

Check all that apply.

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

- ☐
- Yes. The relative priority of creditors is specified on lines _____

Debtor

Neighborhood Radiology Services, P.C.

Name

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Part 1: Additional Page

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.5 **Creditor's name**
Signature Financial LLC**Describe debtor's property that is subject to a lien**

2013 Hologic Dimension 3D Mamography System

\$103,017.00

\$Unknown

Creditor's mailing address225 Broadhollow Road
Suite 132W, Melville, NY 11747**Creditor's email address, if known****Date debt was incurred****Last 4 digits of account number****Describe the lien****Is the creditor an insider or related party?**

- ☒
- No
-
- ☐
- Yes

Is anyone else liable on this claim?

- ☐
- No
-
- ☒
- Yes. Fill out
- Schedule H: Codebtors*
- (Official Form 206H).

Do multiple creditors have an interest in the same property?

- ☒
- No
-
- ☐
- Yes. Have you already specified the relative priority?
-
- ☐
- No. Specify each creditor, including this creditor, and its relative priority.

As of the petition filing date, the claim is:

Check all that apply.

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

- ☐
- Yes. The relative priority of creditors is specified on lines _____

2.6 **Creditor's name**
U.S. Small Business Administration**Describe debtor's property that is subject to a lien**

All Assets

\$150,000.00

\$Undetermined

Creditor's mailing address2 North Street
Suite 320, Birmingham, AL 35203**Creditor's email address, if known****Date debt was incurred** 06/05/2020**Last 4 digits of account number****Describe the lien****Is the creditor an insider or related party?**

- ☒
- No
-
- ☐
- Yes

Is anyone else liable on this claim?

- ☒
- No
-
- ☐
- Yes. Fill out
- Schedule H: Codebtors*
- (Official Form 206H).

Do multiple creditors have an interest in the same property?

- ☒
- No
-
- ☐
- Yes. Have you already specified the relative priority?
-
- ☐
- No. Specify each creditor, including this creditor, and its relative priority.

As of the petition filing date, the claim is:

Check all that apply.

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

- ☐
- Yes. The relative priority of creditors is specified on lines _____

Fill in this information to identify the case:

Debtor Neighborhood Radiology Services, P.C.

United States Bankruptcy Court for the: Eastern District of New York

Case number 1-22-41394
(If known)

☐ Check if this is an amended filing

Official Form 206E/F**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.
- ☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.**2.1 Priority creditor's name and mailing address**

Daniel DiPietro
113-20 Queens Blvd
Forest Hills, NY, 11375

As of the petition filing date, the claim is:

Total claim
\$ 150,000.00Priority amount
\$ 13,650.00

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Wages, Salaries, Commissions

Date or dates debt was incurred

Last 4 digits of account
number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

2.2 Priority creditor's name and mailing address

Matthew A. Diamant
113-02 Queens Blvd
Forest Hills, NY, 11375

As of the petition filing date, the claim is:

\$ 94,000.00

\$ 13,650.00

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Wages, Salaries, Commissions

Date or dates debt was incurred

Last 4 digits of account
number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

2.3 Priority creditor's name and mailing address

As of the petition filing date, the claim is:

\$

\$

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Last 4 digits of account
number

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()

Debtor

Neighborhood Radiology Services, P.C.

Name

Case number (if known) 1-22-41394

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address 227 Franklin Realty, LLC 2999 Long Beach Road Oceanside, NY, 11572 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Corporate Guaranty Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ 282,648.00
3.2	Nonpriority creditor's name and mailing address A.J. Richard & Sons Inc. 150 Price Parkway Farmingdale, NY, 11735 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Corporate Lease Guaranty Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ Undetermined
3.3	Nonpriority creditor's name and mailing address Bessie and George Despotopoulos 145-93 9th Avenue Whitestone, NY, 11357 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Litigation Claim Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ Unknown
3.4	Nonpriority creditor's name and mailing address CBIZ Insurance Services Inc. Attn: Accounting 44 Baltimore Street Cumberland, MD, 21502 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ 39,508.32
3.5	Nonpriority creditor's name and mailing address Cisco Systems Capital 1111 Old Eagle School Road Wayne, PA, 19087 Date or dates debt was incurred _____ Last 4 digits of account number 2651	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Corporate Guaranty Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ 27,143.00
3.6	Nonpriority creditor's name and mailing address Daniel DiPietro 113-02 Queens Blvd. Forest Hills, NY, 11375 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ 139,422.87

Debtor

Neighborhood Radiology Services, P.C.

Name

Case number (if known) 1-22-41394

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.⁷ Nonpriority creditor's name and mailing address

Danziger & Markoff LLP
1133 Westchester Avenue
West Harrison, NY, 10604

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☒ Unliquidated
☐ Disputed

\$ 26,171.25

Basis for the claim: Legal Fees

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3.⁸ Nonpriority creditor's name and mailing address

Dell Financial Services LLC
99355 Collections Center Drive
Chicago, IL, 60693

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☐ Disputed

\$ 349,200.53

Basis for the claim: Corporate Guaranty

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number 8939

3.⁹ Nonpriority creditor's name and mailing address

Guerbet LLC
214 Carnegie Center Suite 300
Princeton, NJ, 08540

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

\$ 65,601.51

Basis for the claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3.¹⁰ Nonpriority creditor's name and mailing address

Hudson Valley Interventional Medicine
185 Rykowski Lane
Ste 101
Middletown, NY, 10941

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 65,242.50

Basis for the claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3.¹¹ Nonpriority creditor's name and mailing address

Hudson Valley Interventional Medicine, PLLC
c/o Foster Garvey
100 Wall Street, 20th Floor
New York, NY, 10005

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 0.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

Debtor

Neighborhood Radiology Services, P.C.

Case number (if known) 1-22-41394

Name

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ¹² Nonpriority creditor's name and mailing address

Island Valet Service, Inc.
28 Fourth Street
Valley Stream, NY, 11582

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☐ Disputed

\$ 18,360.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ¹³ Nonpriority creditor's name and mailing address

James McCleavey MD
8370 Dario Way
Fort Myers, FL, 33912

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 12,307.00

Basis for the claim: Insurance Reimbursement

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ¹⁴ Nonpriority creditor's name and mailing address

Luminate Bank
5900 Green Oak Dr #100
Hopkins, MN, 55343

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 61,407.30

Basis for the claim: Business Loan

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ¹⁵ Nonpriority creditor's name and mailing address

Margaret Byron, as Administratrix
c/o Silverson, Peareres & Lombardi, LLP
192 Lexington Avenue, 17th Floor
New York, NY, 10016

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

\$ Undetermined

Basis for the claim: Litigation Claim

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ¹⁶ Nonpriority creditor's name and mailing address

Premier Imaging Associates, PLLC
260 Route 303 North
West Nyack, NY, 10994

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 4,350.00

Basis for the claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

Debtor

Neighborhood Radiology Services, P.C.

Case number (if known) 1-22-41394

Name

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ¹⁷ Nonpriority creditor's name and mailing address

Ramona Barrios
249 Beach 15th Street
Far Rockaway, NY, 11691

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

\$ Unknown

Basis for the claim: Medical Malpractice Lawsuit

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ¹⁸ Nonpriority creditor's name and mailing address

RAW Restoration Services Inc.,
d/b/a Servpro of Ozone Park/Jamaica Bay
87-17 97th Avenue
Ozone Park, NY, 11416

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 31,685.22

Basis for the claim: Mechanic's Lien

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ¹⁹ Nonpriority creditor's name and mailing address

Siemens Financial Services, Inc.
170 Wood Ave. South
Iselin, NJ, 08830

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☐ Disputed

\$ 562,475.13

Basis for the claim: Corporate Guaranty

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ²⁰ Nonpriority creditor's name and mailing address

Siemens Financial Services, Inc.
170 Wood Ave.
Iselin, NJ, 08830

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 282,561.08

Basis for the claim: Corporate Guaranty

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ²¹ Nonpriority creditor's name and mailing address

Ultrasound Solutions Corp.
123 Comac Street
Ronkonkoma, NY, 11779

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 0.00

Basis for the claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

Debtor

Neighborhood Radiology Services, P.C.

Case number (if known) 1-22-41394

Name

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1.	227 Franklin Realty, LLC c/o Bernard S. Feldman, PC 111 Great Neck Road, Suite 214 Great Neck, NY, 11021	Line <u>3.1</u> <input type="checkbox"/> Not listed. Explain: _____	_____
4.2.	Bessie & George Despotopoulos c/o Sullivan Papain Block/ Elizabeth Montesano 1140 Franklin Ave, Suite 200 Garden City, NY, 10271	Line <u>3.3</u> <input type="checkbox"/> Not listed. Explain _____	_____
4.3.	Danziger & Markoff LLP c/o Murray S. Lubitz, Esq. 2445 Main Street White Plains, NY, 10601	Line <u>3.7</u> <input type="checkbox"/> Not listed. Explain _____	_____
4.4.	Deniz A. Gunaydin, Esq. Silberstein, Awad & Miklos, PC 600 Old County Road, Suite 505 Garden City, NY, 11530	Line <u>3.17</u> <input type="checkbox"/> Not listed. Explain _____	_____
4.1.	Foster Garvey PC Maurice W. Heller 100 Wal Street, 20th Floor New York, NY, 10005	Line <u>3.10</u> <input type="checkbox"/> Not listed. Explain _____	_____
4.5.	Marylou Paolucci, Esq. Marylou Paolucci & Associates, PC 16 Trent Lane Smithtown, NY, 11787	Line <u>3.21</u> <input type="checkbox"/> Not listed. Explain _____	_____
4.6.	Meyers Saxon & Cole 3620 Quentin Road Brooklyn, NY, 11234	Line <u>3.9</u> <input type="checkbox"/> Not listed. Explain _____	_____
4.7.	Stephen David Fink, Esq. 118-35 Queens Boulevard, Suite 1220 Forest Hills, NY, 11375	Line <u>3.12</u> <input type="checkbox"/> Not listed. Explain _____	_____
4.8.	Streusand Landon Ozburn & Lemmon LLP 1801 S. MoPac Expressway, Ste 320 attn: Richard Villa Austin, TX, 78746	Line <u>3.8</u> <input type="checkbox"/> Not listed. Explain _____	_____
4.9.	Todd Ritschdorff Phillips Lytle LLP 30 South Pearl Street Albany, NY, 12207-3425	Line <u>3.19</u> <input type="checkbox"/> Not listed. Explain _____	_____
4.10.	Todd Ritschdorff Phillips Lytle LLP 30 South Pearl Street Albany, NY, 12207	Line <u>3.20</u> <input type="checkbox"/> Not listed. Explain _____	_____
4.11.		Line _____ <input type="checkbox"/> Not listed. Explain _____	_____

Debtor Neighborhood Radiology Services, P.C.
NameCase number (if known) 1-22-41394**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims****5. Add the amounts of priority and nonpriority unsecured claims.****Total of claim amounts**5a. **Total claims from Part 1**

5a.

\$ 244,000.005b. **Total claims from Part 2**

5b.

+

\$ 1,968,083.715c. **Total of Parts 1 and 2**

5c.

\$ 2,212,083.71

Lines 5a + 5b = 5c.

Fill in this information to identify the case:Debtor name Neighborhood Radiology Services, P.C.United States Bankruptcy Court for the: Eastern District of New YorkCase number (if known): 1-22-41394 Chapter 11☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases****12/15**

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	Utility Provider	<p>MAP Communications 840 Greenbrier Circle Chesapeake, VA, 23320</p>
2.2	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	Radiology Services Agreement	<p>Hudson Valley Interventional Medicine, PLLC 185 Rykowski Lane, Suite 101 Middletown, NY, 10941</p>
2.3	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	Referral and Management Contract	RADlinX
2.4	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>		
2.5	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>		

Fill in this information to identify the case:Debtor name Neighborhood Radiology Services, P.C.United States Bankruptcy Court for the: Eastern District of New YorkCase number (If known): 1-22-41394☐ Check if this is an amended filing**Official Form 206H****Schedule H: Codebtors****12/15****Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.****1. Does the debtor have any codebtors?**

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the code debtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.1 Long Island Radiology Associates, PC	Long Island Radiology Associates, PC 545 Elmont Road Elmont, NY 11003	Signature Financial LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2 CDP Holdings Group	CDP Holdings Group, LLC 113-02 Queens Blvd Forest Hills, NY 11375	Signature Financial LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3 Neighborhood Radiol	Neighborhood Radiology Management Services, LLC 113-02 Queens Blvd Forest Hills, NY 11375	Signature Financial LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4 Long Island Radiolog	Long Island Radiology Associates, PC 545 Elmont Road Elmont, NY 11003	Signature Financial LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5 CDP Holdings Group	CDP Holdings Group, LLC 113-02 Queens Blvd Forest Hills, NY 11375	Signature Financial LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6 CDP Holdings Group	CDP Holdings Group, LLC 113-02 Queens Blvd Forest Hills, NY 11375	227 Franklin Realty, LLC	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

Debtor

Neighborhood Radiology Services, P.C.
NameCase number (if known) 1-22-41394**Additional Page if Debtor Has More Codebtors****Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.**

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2. <u>7</u> Daniel DiPietro	Daniel DiPietro 113-02 Queens Blvd Forest Hills, NY 11375	227 Franklin Realty, LLC	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2. <u>8</u> Matthew Diamant MD	Matthew Diamant MD 113-02 Queens Blvd Forest Hills, NY 11375	227 Franklin Realty, LLC	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2. ____			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2. ____			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2. ____			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2. ____			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2. ____			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2. ____			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case and this filing:Debtor Name Neighborhood Radiology Services, P.C.United States Bankruptcy Court for the: Eastern District of New YorkCase number (If known): 1-22-41394**Official Form 202****Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 07/14/2022
MM / DD / YYYY

X /s/ Daniel DiPietro
Signature of individual signing on behalf of debtor

Daniel DiPietro

Printed name

Director of Operations

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name Neighborhood Radiology Services, P.C.

United States Bankruptcy Court for the: Eastern District of New York

Case number (if known): 1-22-41394

☐ Check if this is an amended filing

Official Form 207**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**

☐ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply

Gross revenue
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From 01/01/2022 to Filing date
MM / DD / YYYY

☒ Operating a business
☐ Other

\$ 1,070,267.00

For prior year:

From 01/01/2021 to 12/31/2021
MM / DD / YYYY

☒ Operating a business
☐ Other

\$ 7,079,239.00

For the year before that:

From 01/01/2020 to 12/31/2020
MM / DD / YYYY

☒ Operating a business
☐ Other

\$ 9,261,262.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☐ None

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From 01/01/2022 to Filing date
MM / DD / YYYY

\$ 0.00

For prior year:

From 01/01/2021 to 12/31/2021
MM / DD / YYYY

\$ 0.00

For the year before that:

From 01/01/2020 to 12/31/2020
MM / DD / YYYY

\$ 0.00

Debtor Neighborhood Radiology Services, P.C.
Name

Case number (if known) 1-22-41394

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/23 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. CBIZ Malpractice Creditor's name		\$ 59,262.50	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other
3.2. Cigna Creditor's name		\$ 15,389.35	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. Daniel DiPietro Insider's name 113-02 Queens Blvd Forest Hills, NY 11375		\$ 37,443.11	Compensation for the period of 05/17/2021 through 06/16/2022
Relationship to debtor Director of Operations			
4.2. Daniel DiPietro Insider's name 113-02 Queens Blvd Forest Hills, NY 11375		\$ 152,505.13	Loan Repayments from 05/25/2021 through 06/01/2022
Relationship to debtor Director of Operations			

Debtor Neighborhood Radiology Services, P.C.
Name

Case number (if known) 1-22-41394

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None

	Creditor's name and address	Description of the property	Date	Value of property
5.1.	Siemens Financial Services, Inc. Creditor's name 170 Wood Ave. South Iselin, NJ 08830	Returned Equipment: (1) Magnetom Vida and all equipment related thereto as described in Quote No. 1-OSVQ3D, one (1) Magnetom Sola and all equipment related thereto as described in Quote No. 1-OSVQF0, one (1) Somatom go.Up and all equipment related thereto; as described in Quote No. 1-OAGV9Q and one (1)	12/2021	\$ Unknown
5.2.	Creditor's name			\$

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
Creditor's name			\$

Last 4 digits of account number: XXXX- _____

Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None

	Case title	Nature of case	Court or agency's name and address	Status of case
7.1.	Ramonita Barrios v. Abul Azad, Howard Gelber, Jason Grotas, I?Kyori Swaby, Shava Ni Thakker, Farima OR/OM Center, Neighborhood	Medical Malpractice	Supreme Court of the State of New York, Queens County	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
	Case number			
	705977/2022			
7.2.	American Express Travel Related Services Company, Inc. v. Neighborhood Radiology Services PC	Collection	Supreme Court of the State of New York, County of Nassau	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
	Case number			
	651364/2020			

Debtor Neighborhood Radiology Services, P.C.
Name _____

Case number (if known) 1-22-41394 _____

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Custodian's name and address	Description of the property	Value
_____	_____	\$ _____
Custodian's name	Case title	Court name and address
_____	_____	_____
Case number	Name	_____
_____	Date of order or assignment	_____
_____	_____	_____

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1. _____	_____	_____	\$ _____
Recipient's name	_____	_____	\$ _____
Recipient's relationship to debtor	_____	_____	\$ _____
_____	_____	_____	\$ _____
9.2. _____	_____	_____	\$ _____
Recipient's name	_____	_____	\$ _____
Recipient's relationship to debtor	_____	_____	\$ _____
_____	_____	_____	\$ _____

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).	Date of loss	Value of property lost
_____	_____	_____	\$ _____

Debtor Neighborhood Radiology Services, P.C.
Name

Case number (if known) 1-22-41394

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.1.	Kirby Aisner & Curley, LLP		4/20/2022	\$ 10,000.00
	Address			
	700 Post Road, Suite 237 Scarsdale, NY 10583			

Email or website address

www.kacllp.com

Who made the payment, if not debtor?

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.2.	_____		_____	\$ _____
	Address			

Email or website address

Who made the payment, if not debtor?

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
_____		_____	\$ _____
Trustee			

Debtor Neighborhood Radiology Services, P.C.
Name

Case number (if known) 1-22-41394

13. Transfers not already listed on this statement

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None

Who received transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1. _____		_____	\$ _____
Address _____			
Relationship to debtor _____			
13.2. _____		_____	\$ _____
Address _____			
Relationship to debtor _____			

Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address	Dates of occupancy	
14.1. 27-47 Crescent Street, Suite 107 Astoria, NY 11102	From _____	To _____
14.2. 545 Elmont Road Elmont, NY 11003	From _____	To _____

Debtor Neighborhood Radiology Services, P.C.
Name

Case number (if known) 1-22-41394

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.
☐ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

15.1.

Facility name

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.

How are records kept?

Check all that apply:

- ☐ Electronically
☐ Paper

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

15.2.

Facility name

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.

How are records kept?

Check all that apply:

- ☐ Electronically
☐ Paper

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

- ☒ No.
☐ Yes. State the nature of the information collected and retained. _____

Does the debtor have a privacy policy about that information?

- ☐ No
☐ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☒ No. Go to Part 10.
 Yes. Does the debtor serve as plan administrator?

- ☐ No. Go to Part 10.
☐ Yes. Fill in below:

Name of plan

Employer identification number of the plan

EIN: _____

Has the plan been terminated?

- ☐ No
☐ Yes

Debtor

Neighborhood Radiology Services, P.C.

Name

Case number (if known) 1-22-41394

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

	Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	Name _____	XXXX-_____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____
18.2.	Name _____	XXXX-_____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Name _____			<input type="checkbox"/> No <input type="checkbox"/> Yes
Address _____			

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Seller's Facilities in North Carolina Name _____	Seller	Hologic Mammo Unit (Financed by Signagure Finance)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Address _____			

Debtor Neighborhood Radiology Services, P.C.
Name

Case number (if known) 1-22-41394

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Owner's name and address	Location of the property	Description of the property	Value
 Name			\$ _____

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
☐ Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
 Case number	 Name		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
 Name	 Name		

Debtor Neighborhood Radiology Services, P.C.
Name

Case number (if known) 1-22-41394

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name	Name		

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1. <u>Name</u>		EIN: _____ Dates business existed From _____ To _____
25.2. <u>Name</u>		EIN: _____ Dates business existed From _____ To _____
25.3. <u>Name</u>		EIN: _____ Dates business existed From _____ To _____

Debtor Neighborhood Radiology Services, P.C.
Name

Case number (if known) 1-22-41394

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address	Dates of service
26a.1. <u>Del Prete & Cheng LLP</u> Name <u>111 Atlantic Avenue, Suite 1R, Brooklyn, NY 11201</u>	From _____ To _____

Name and address	Dates of service
26a.2. _____ Name	From _____ To _____

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

Name and address	Dates of service
26b.1. _____ Name	From _____ To _____

Name and address	Dates of service
26b.2. _____ Name	From _____ To _____

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☒ None

Name and address	If any books of account and records are unavailable, explain why
26c.1. _____ Name	

Debtor Neighborhood Radiology Services, P.C.
Name _____

Case number (if known) 1-22-41394 _____

Name and address

If any books of account and records are unavailable, explain why

26c.2.

Name

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

Name and address

26d.1.

Name

Name and address

26d.2.

Name

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

**Date of
inventory**

**The dollar amount and basis (cost, market, or
other basis) of each inventory**

\$ _____

Name and address of the person who has possession of inventory records

27.1.

Name

Debtor Neighborhood Radiology Services, P.C.
Name _____

Case number (if known) 1-22-41394 _____

Name of the person who supervised the taking of the inventory

Date of
inventory

The dollar amount and basis (cost, market, or
other basis) of each inventory

\$ _____

Name and address of the person who has possession of inventory records

27.2.

Name _____

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Matthew Diamant, MD	,	Sole Shareholder	100
Daniel DiPietro	113-02 Queens Blvd, Forest Hills, NY 11375	Director of Operations	

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☒ No

☐ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
			_____ To _____
			_____ To _____
			_____ To _____
			_____ To _____

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☒ No

☐ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1. _____ Name	_____	_____	

Relationship to debtor		_____	

Debtor Neighborhood Radiology Services, P.C.
Name

Case number (if known) 1-22-41394

Name and address of recipient

30.2

Name

Relationship to debtor

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

EIN: _____

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

EIN: _____

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 07/14/2022
MM / DD / YYYY

X /s/ Daniel DiPietro

Printed name Daniel DiPietro

Signature of individual signing on behalf of the debtor

Position or relationship to debtor Director of Operations

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☐ No
☒ Yes

Debtor Name Neighborhood Radiology Services, P.C.Case number (if known) 1-22-41394**Continuation Sheet for Official Form 207**

3) Certain payments or transfers to creditors within 90 days before filing this case

Insight USA, \$22,042.94

4) Payments or other transfers of property made within 1 year before filing this case that benefited any insider

Matthew A. Diamant, MD 113-02 Queens Blvd, \$332,615.19
Forest Hills, NY 11375

7) Legal Actions

James McCaffrey v. Neighborhood Radiology Services, P.C. and ?John Doe?,
believed to be an employee of Neighborhood Radiology Services, P.C.

616250/2018

Supreme Court of the State of New York - County of Nassau

Concluded

Guerbet LLC v. Neighborhood Radiology Services PC

609901/2021

Collection

Supreme Court of the State of New York, County of Nassau

Pending

Signature Bank v. Neighborhood Radiology Services, PC, et. al.

605284/2020

Collection

Supreme Court of the State of New York, County of Nassau

Concluded

Ultrasound Solutions Corp. v. Neighborhood Radiology Services, PC, d/b/a
Neighborhood Radiology of Hewlett, d/b/a Neighborhood Radiology of Elmont,
d/b/a Neighborhood Radiology of Astoria, d/b/a Neighborhood Radiology of
Forest Hills, CDP Holdings Group, LLC, d/b/a Neighborhood Radiology Management,
Neighborhood Radiology Management Services, LLC, Neighborhood Radiology
Management Services II LLC, Neighborhood Radiology Management Services III LLC,
and Neighborhood Radiology Management Services IV LLC

CV-002742-22

District Court of the County of Nassau

Debtor Name Neighborhood Radiology Services, P.C.Case number (if known) 1-22-41394**Continuation Sheet for Official Form 207****Third District: Great Neck****Pending**

Hudson Valley Interventional Medicine, P.L.L.C. v. Neighborhood Radioloty Services, P.C.**Claim 6824****Arbitration****American Health Law Association Alternative Dispute Resolution Service****Pending**

Island Valet Service, Inc. v. Neighborhood Radiology Services, PC**605858/2022****Breach of Contract/Collection****Supreme Court of the State of New York****County of Nassau****Pending**

Bessie and George Despotopoulos v. Neighborhood Radiology Services, PC**716651/2021****Malpractice****Supreme Court of the State of New York, County of Queens****Pending**

Signature Financial LLC v. Neighborhood Radiology Management Services, LLC, Neighborhood Radiology Services PC, and Long Island Radiology**607249/2022****Collection****Supreme Court of the State of New York****County of Nassau****Pending**

Debtor Name Neighborhood Radiology Services, P.C.Case number (if known) 1-22-41394**Continuation Sheet for Official Form 207****Dell Financial Services LLC v. 812 Resources, LLC and Neighborhood Radiology Services, P.C.****21-1975-C395****Collection****District Court of Texas****Williamson County - 395th Judicial District Court, TX****Pending**

Dell Financial Services LLC v. CDP Holdings Group, LLC, Neighborhood Radiology Services, P.C., and Long Island Radiology Associates, P.C.**21-1974-C425****Collection****District Court of Texas****Williamson County - 425h Judicial District Court, TX****Pending**

Danziger & Markoff LLP v. Neighborhood Radiology Services P.C.**58272/2020****Collection****Supreme Court of the State of NY, County of New York****Pending**

227 Franklin Realty LLC v. Daniel DiPietro, Matthew Diamant, M.D., and Neighborhood Radiology Services, P.C.**614830/2021****Supreme Court of the State of New York - County of Nassau****Pending**

Siemens Financial Services, Inc. v. Neighborhood Radiology Management Services, LLC. et. al.**608098/2021****Collection**

Debtor Name Neighborhood Radiology Services, P.C.Case number (if known) 1-22-41394**Continuation Sheet for Official Form 207****Supreme Court of the State of New York, County of Nassau****Pending**

Margaret Byron, as Administratrix v. Neighborhood Radiology Services PC., et. al.**703759/2019****Malpractice****Supreme Court of the State of New York, County of Queens****Concluded**

14) Previous Locations**47-16 Greenpoint Ave,
Sunnyside, NY 11104****227 Franklin Avenue,
Hewlett, NY 11557****92-37 Metropolitan Ave,
Forest Hills, NY 11375****20) Off-premises storage****Alpha Medical****Safe Guard Storage 41-15 Astoria Blvd N, Astoria, NY 11105**